



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1647

<b>SERIAL NUMBER</b> 09/708,362	<b>FILING DATE</b> 11/07/2000 <b>RULE</b>	<b>CLASS</b> 040 <i>345</i>	<b>GROUP ART UNIT</b> 2674 <i>2674</i>	<b>ATTORNEY DOCKET NO.</b> 10003281-1	
<b>APPLICANTS</b> David J. Luman, Meridian, ID; Samuel A. Johnson, Eagle, ID; Thomas Camis, Boise, ID;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 022879					
<b>TITLE</b> Electronic display devices and methods					
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/708,362	<b>FILING DATE</b> 11/07/2000 <b>RULE</b>	<b>CLASS</b> 040	<b>GROUP ART UNIT</b> 3628	<b>ATTORNEY DOCKET NO.</b> 10003281-1
<b>APPLICANTS</b> David J. Luman, Meridian, ID; Samuel A. Johnson, Eagle, ID; Thomas Camis, Boise, ID;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/08/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged _____ Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 022879				
<b>TITLE</b> Hand-held electronic display devices and methods				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	